

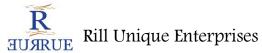
Date

CREDENTIALING APPLICATION

Information we will need you to email (<u>customerservice@rilluniqueenterprises.com</u>) or fax back to (720) 836-3363

1.	Your CAQH provider number (if you've already signed onto the site, we need the username & password)							
2.	Basic Personal Inform	mation						
	Name Phone #							
	Home address							
	Date of Birth	Birth	City	Sta	ate	_ Country		
	Email address							
	SS#							
3.	Languages Spoken _						_	
4.	Drivers License #		State	Issue Date	Ex	p Date	_	
5.	Professional License	#	State	Issue [Date	Exp Date		
6.	NPI # Individual			Grou	ıp			
7.	DEA # if applicable ((Please provide o	сору)			·····		
8.	Education and Training (attach a copy of your resume for #8 - #10 & #17)							
	Medical /Professional school (including address, phone number, start and graduation date and Degree obtained) – attach a separate sheet if necessary							
	Graduate school (including address, phone number, start and graduation date and Degree obtained)							
	Internships and residencies (including address, phone number, start and stop date and Program Dir							

R IURRUE	Rill Unique Enterprises	Date				
	Fellowships and preceptorships (including address, phone	number, Program Director)				
9.	Teaching appointments					
10.	Specialties and Association/Prof. Org. Cert. (including beg	inning date and expiration date if applicable)				
11.	Practice Location Information					
	Practice name and type Website & Email Address					
	Co Address <u>and</u> contact info (please provide both mailing and ph	unty Location:				
12.	Billing, office manager and credentialing contact (include i	name, phone number, email address and fax)				
13.	Services, certifications, limitations and hours of operation	for each day				

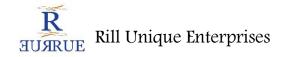


JЯRUЕ	Rill Unique Enterprises		Date	
14.	Partners and covering colleagues'			
15.	Hospital Affiliation Information (including address, phone	e, and percentage c	of patients you see	e from Hospital)
16.	Malpractice Insurance Information (Please provide cop			
17.	Work History and References (3 professional references v	with address, phon	e and degree requ	uired)
Any neg	ative's against you, and/or Malpractice History (license e	ver suspended, rev	oked, etc) list on	separate sheet.
Paymen	t/Credit Card Information	□ Cash	□ Check	□ Charge
Name on	Card:	Exp Date:		
Card#: _	Securi	ity code [*]	MC VISA _	Amex

The charge for processing your credentialing application is \$750 without an office setup, \$700 with office setup if the application is returned within 15 days; \$825 without office set up and \$775 with office setup if the application is returned within 30 days; and \$875 without office set up and \$825 with office setup if the application is returned 45 days or longer. Pricing is for the first eight (8) carriers only. Each additional carrier is \$95 each. You will be charged after submitting this application and/or the request to obtain an NPI (if necessary). Obtaining a CAQH provider ID#, if necessary, will be taken care of once the processing fee is completed. Credentialing with each individual insurance carrier may take up to twelve (12) weeks (or longer) each. Credentialing with Medicare and Medicaid may take from 12 to 16 weeks (or longer), depending on the information requested. We will process your information as soon as this form has been received, payment is processed and all information is complete. THERE IS NO GUARANTEE OF CONTRACTING WITH ANY INSURANCE CARRIER INCLUDING MEDICARE AND MEDICAID.

Date: ____

Signature: ____



* The security code is the 3 digit code on the back of the card by the signature panel.